

# State Executive Council - BHSA Overview

## DMAS & Magellan

### July 31, 2013



## Introductions

- Glenn Stanton, SVP, Public Sector Business Development
- Jim Stringham, SVP, Public Solutions Programs
- Evon Bergey, Vice President Public Sector Programs
- Rick Kamins, Ph.D., Chief Clinical Officer
- Brian Smock, Director Behavioral Health Network Services
- Sandi Morter, Director Implementation

[VirginiaInfo@MagellanHealth.com](mailto:VirginiaInfo@MagellanHealth.com)

# Magellan Company Overview

# Magellan Health Services: Building for the Future

As the nation's leading specialty health care management company, we care for populations that require the most specialized support and provide clients with peace of mind as we work to improve health and reduce costs.

## Behavioral Health Solutions

- Behavioral health for special populations
- Integrated medical and behavioral care
- Enhanced technology capabilities
- Ongoing Autism product expansion

*Serving 33.8 million lives*

## Medical Specialty Solutions

- Management of new medical technologies
- Management of radiology benefits for special populations
- Pain management product and expanded cardiac product

*Serving 17.2 million lives*

## Pharmacy Solutions (ICORE & MMA)

- Total drug management
- Pharmacy benefit management for special populations
- Medicaid MCO product expansion
- Medical pharmacy enhancements

*Serving 7.8 million lives*

## Magellan Fast Facts

- \$3.2B annual revenue
- Nearly 5,000 employees
- Multiple accreditations (NCQA, URAC, COA)
- Serving over 58 million lives
- Serve Medicaid duals, including Seriously Mentally Ill (SMI), with a whole-health solution in AZ, FL and MA
- Partner with health plans, employers, state/local and federal governments and the military

## Behavioral Health & System of Care Solutions

- Public Sector – 15 Contracts in 7 States, 3M Lives (not including VA)
  - All contracts include At-Risk Children & Youth
  - LA - Coordinated System Of Care
  - FL Child Welfare Pre-paid Mental Health Program
  - Maricopa Children's Provider Network Organization
- National Leaders in Children's Systems of Care Design & Measurement
  - Pat Hunt, Director of Child and Family Resiliency
  - Barbara Dunn, LCSW, ACSW, Director, Program Innovation and Outcomes

## Magellan's Presence in Virginia

- Magellan has been providing managed behavioral health services to 650,000 Virginia residents who are health plan members, federal agencies, and employer members in Virginia since 2000
  - Since 2009, has been the contractor for a large military agency located in Virginia
  - Works with health plan organizations nationwide that have members in the Virginia area
  - Has 20 employer organizations in Virginia representing more than 7,200 members
  - Has a strong behavioral health provider and facility network in Virginia; approximately 2,500 individual providers and 26 hospitals, and local organizations, community service boards, and other private provider organizations
  - Provides services for large government agencies located in Virginia and the District of Columbia that include delivery of service to a significant number of Virginia residents
- MMA headquartered in Glen Allen, Virginia
  - We will co-locate the BHSA program at this office

## Why Magellan as the BHSA?

- **Long-standing presence** in Virginia and the existing work with DMAS
- Demonstrated commitment to working with **all** community stakeholders, not just one type of provider
- **Specialized knowledge** of both traditional and non-traditional services and the needs of special populations
- Focus on **quality, performance, and outcomes**
- Operational **excellence**
- Financial efficiency through leveraging our **QIO-like designation** and existing infrastructure
- Proposed optional services that include innovation in **Learning Collaboratives** and **peer-delivered** services (to begin implementation after 12/1/13).

# Overall Approach to the BHSA

Transparency, Inclusion, Value



## Purpose

- Magellan will work with DMAS to improve access to quality behavioral health services and improve the value of behavioral health services purchased by the Commonwealth. Magellan will administer a comprehensive care coordination model which is expected to reduce unnecessary expenditures
- Comprehensive care coordination including coordination with DMAS Managed Care Organizations
- Promotion of more efficient utilization of services
- Development and monitoring of progress towards outcome-based quality measures

## Purpose

- Management of a centralized call center to provide eligibility, benefits, referral and appeal information
- Provider recruitment, issue resolution, network management, and training
- Utilization management of behavioral health services
- Quality Assurance, Improvement and Outcomes program
- Service authorization
- Member outreach, education and issue resolution
- Claims processing and reimbursement of behavioral health services that are currently carved out of managed care

# Understanding of the 18 Principles: 2011, 2012 and 2013 Acts of Assembly

1. Improves value so that there is better access to care while improving equity.
2. Engages consumers as informed and responsible partners from enrollment to care delivery.
3. Provides consumer protections with respect to choice of providers and plans of care.
4. Improves satisfaction among providers and provides technical assistance and incentives for quality improvement.
5. Improves satisfaction among consumers by including consumer representatives on provider panels for the development of policy and planning decisions.
6. Improves quality, individual safety, health outcomes, and efficiency.
7. Develops direct linkages between medical and behavioral services in order to make it easier for consumers to obtain timely access to care and services, which could include up to full integration.
8. Builds upon current best practices in the delivery of behavioral health services.
9. Accounts for local circumstances and reflects familiarity with the community where services are provided.
10. Develops service capacity and a payment system that reduces the need for involuntary commitments and prevents default (or diversion) to state hospitals.
11. Reduces and improves the interface of vulnerable populations with local law enforcement, courts, jails, and detention centers.
12. Supports the responsibilities defined in the Code of Virginia relating to Community Services Boards and Behavioral Health Authorities.
13. Promotes availability of access to vital supports such as housing and supported employment.
14. Achieves cost savings through decreasing avoidable episodes of care and hospitalizations, strengthening the discharge planning process, improving adherence to medication regimens, and utilizing community alternatives to hospitalizations and institutionalization.
15. Simplifies the administration of acute psychiatric, community mental health rehabilitation, and medical health services for the coordinating entity, providers, and consumers.
16. Requires standardized data collection, outcome measures, customer satisfaction surveys, and reports to track costs, utilization of services, and outcomes. Performance data should be explicit, benchmarked, standardized, publicly available, and validated.
17. Provides actionable data and feedback to providers.
18. In accordance with federal and state regulations, includes provisions for effective and timely grievances and appeals for consumers.

# Population & Services to be Managed and Coordinated

- Magellan will manage the full spectrum of **behavioral health services** for:
  - Medicaid and FAMIS members, including members who participate in Medicaid home and community based waiver programs, such as the Intellectual Disabilities Waiver, Elderly and Disabled with Consumer Direction Waiver, and Individual and Family Developmental Disabilities Support Waiver.
  - members who are not currently enrolled in one of the DMAS managed care organization(MCO) contracts.
  - the subset of community mental health and rehabilitation services that are excluded from the DMAS MCO contracts.
- Magellan will NOT manage traditional behavioral health inpatient and outpatient services (such as psychotherapy) for members in DMAS managed care organization(MCO) contracts.

# Magellan's Implementation Process

- Magellan's business owners and implementation leads conduct a kick-off meeting with functional leads and VA DMAS
- Individuals from Magellan and VA DMAS meet to establish roles and responsibilities, develop timelines and develop methodology for gathering business requirements
- Magellan, in collaboration with VA DMAS, creates and maintains a customized, detailed project plan
- Magellan conducts weekly internal meetings with the functional team leads to monitor status in each area
- The Implementation team leads workflow discussions to ensure that all processes have been developed, reviewed and finalized
- Magellan and VA DMAS establish ongoing weekly functional workgroup/work stream meetings to discuss progress, ensure adherence to timelines, identify and mitigate risks and establish solutions
- Agendas, meeting minutes, and updates to the implementation plan are distributed weekly
- Streamlined and transparent readiness review process
- Pre- go-live and post- go-live activities will center around quality monitoring

Project  
Kickoff

Business  
Requirements  
Sessions

Project Plan  
Development

Workflow  
Discussions

Weekly  
Meetings

Readiness  
Review

Go  
Live

Quality  
Assurance

## BHSA Program Start Date: 12/1/13 - What is the same

- Regulations, manuals, licensing, covered services and service descriptions
- Eligible members – Medicaid
- Eligibility determination and process remains the same
- Rates, procedure codes
- Service limitations remain the same
- Services requiring authorization will continue to require authorization
- Any changes to the VICAP process, to rates, or to anything else will be announced via memos and communications in the future.

## BHSA Program - What is different for Members & the Community At-Large

- A Shared-Governance Board will be created to assure the voice and participation of community stakeholders in the BHSA program
- CSA offices will have access to the toll-free line to inquire about Medicaid behavioral health network providers, coordinate care between CSA and DMAS covered services and to discuss care issues as needed
- Members and CSA Coordinators and providers will have access to on-line tools and resources to improve health and wellness
- Magellan will provide authorizations (not KePRO)
- Magellan will perform Utilization Management & Care Coordination to “shape” and improve quality of care, emphasizing evidence-based practices
- Magellan will engage in Quality Assurance & Quality Improvement efforts

## BHSA Program - What is different for providers

- Credentialing- will be NCQA compliant
- Magellan platforms for claims payment- multiple claims submission methods
- Magellan of VA website will be source of information, training claims submission and program updates
- Local provider relations team dedicated to supporting the BHSA program, provide technical assistance and problem resolution
- Provider Forums during implementation
- Free CEU's



# The Clinical Program including Quality Management & Care Coordination

## Covered Services

EPSDT Behavioral Therapy Services	Substance Abuse Services
Community Mental Health Rehabilitative Services (CMHRS) (such as Intensive In Home, Therapeutic Day Treatment, and Mental Health Supports for children and adults)	Inpatient and Outpatient Psychiatric and Substance Abuse Treatment Services (such as medication management, and individual, family, and group therapies) for non-MCO enrolled members.
Targeted Case Management	Residential Treatment (Levels A, B & C)
Treatment Foster Care Case Management	

# Service Authorization

- Providers may contact Magellan by phone, fax, or online (preferred methodology)
- Authorization determinations are made within contractual and URAC timeframe requirements
- To expedite reviews, Magellan utilizes:
  - CaseLogix, Service Request Application (SRA) and Treatment Request Form (TRF)
- Authorization decisions are made by Magellan licensed clinicians; only licensed psychiatrists make denials

# Utilization and Quality Management

- Utilization management and quality structure provides a member-centered, recovery- and resiliency-oriented, evidence-based behavioral health care model.
- Quality management program focuses on driving and rewarding quality; measuring, continually assessing, and improving member outcomes; and ensuring the use of evidence-based practices.
- UM/QM program enables members to receive safe and appropriate treatment in the least-restrictive setting for their level of assessed risk.
- Utilization measurements can identify statistics that signal potential over- or under-utilization of specific services.
- NCQA and URAC Accreditation within 2 years

## Care Coordination

### Care management coordination of care for members

- Ambulatory follow-up and discharge planning for all members in inpatient and/or residential settings under our management

### Coordination of care with the MCOs and PCPs

- MCO liaison will work with MCOs to develop strategies for identification of members with co-morbid mental health and medical needs and facilitate referrals into respective systems of care
- Implementation of initiatives to improve the coordination of care between PCPs and behavioral health providers:
  - PCP toolkit; PCP consult line; and PCP training program

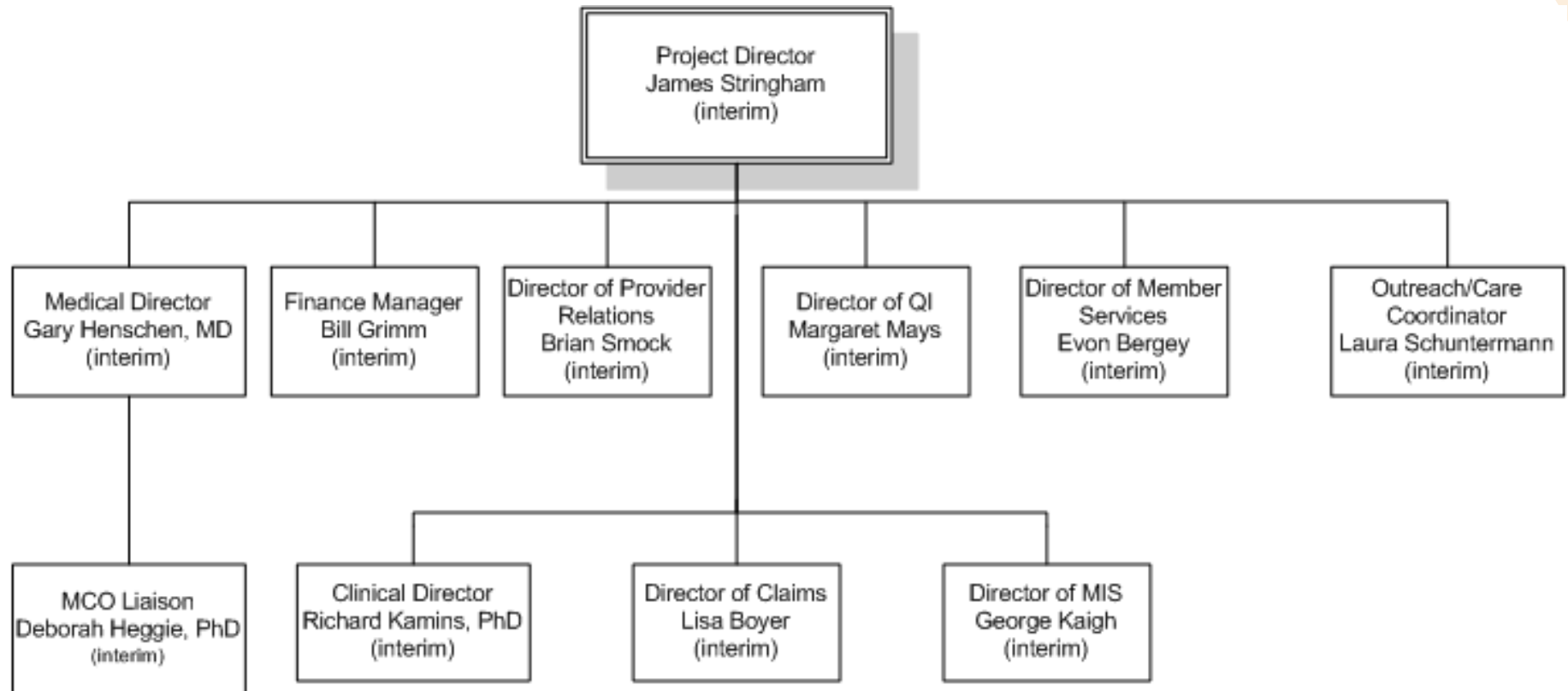
## Care Coordination

### Coordination of care with the CSBs and other agencies

- Assignment of clinical liaisons to the CSBs to facilitate care coordination across the continuum of care
- Implementation of joint treatment planning and review for members who are not progressing in their recovery with CSBs and agencies

# The BHSA Structure & Oversight

# VA BHSa Organizational Structure





# Community Governance Board: Assuring the Voice & Participation of Members & Stakeholders

- Designed to promote transparency, accountability, and collaboration
- Creation of a Governance Board to include the voice and participation of all stakeholders and assure that the implementation and operation of the program is responsive to local needs
- Stakeholder representation on the Board includes members, persons in recovery, parents or custodians of children and adolescents, CSBs, private community providers, advocates, and health plan/community health representatives
- **Magellan's shared governance structure is inclusive.**

Community Representation	Magellan Representation
CSB or CSB Association Representative	Project Director
Private Community Provider or Association Representative	Provider Relations Director
Adult Service Member Representative	Medical Director
Parent or Custodian Representative of a Child or Adolescent Member	QM/UM Director
Advocate for Mental Health	Director of Recovery and Resiliency
Advocate for Substance Abuse Services	Member Services Director
Health Plan /Community Health Representative	MCO Liaison

## Glen Allen Office

The Virginia Call Center will be located at: 11013 W. Broad Street in Glen Allen



- Full level of service will be provided 24 hours a day, 365 days a year
- After- hours calls handled by our national public sector-trained team in IA
- Redundancy Plan in place in case of disasters – back up in IA , PA and MO
- We will employ bilingual/multi-cultural staff that speak English and Spanish
- We will also have TTY access and interpreter services available.

## Staff Education and Training

- Thorough orientation to Magellan and the BHSA contract including regional differences, populations being served, community resources, and all Virginia-specific workflows
- Three-week initial training program conducted by our national learning department and local contract experts includes:
  - Live training events
  - Webinars
  - In-services
  - Computer-based training
  - Cross-functional roundtables/Lunch & Learns
  - On-demand training materials housed on Magellan's intranet
  - Pre- and post-tests conducted to measure learning of key concepts
- On-going training, mentorship and coaching
- Call recording and calibration to ensure service effectiveness



# Community Outreach and Education

# Member Outreach and Communication Tactics

Our strategy includes a multi-channel communications approach:

- **Member orientation sessions** to help ensure a seamless transition (in person, via teleconference, videoconference and webinars), held prior to contract start date
- [www.MagellanofVirginia.com](http://www.MagellanofVirginia.com), a convenient resource for member materials and resources that includes a searchable online provider directory, designed with input from stakeholder groups
- **Member handbook**, available on our website and built with member input
- **Passport to Care** outlining individuals' integrated health care needs and services
- **Health education materials** providing basic information on behavioral health, whole health and wellness
- **Member newsletters**
- **Electronic mailbox:** [VirginiaInfo@magellanhealth.com](mailto:VirginiaInfo@magellanhealth.com)

# Magellan of Virginia Website

- Engaging site that offers members resources for healthy living
  - Provider search
  - Library, tools, and important announcements
  - Care guide
    - How to initiate care, emergency, care, etc.
    - Medical necessity criteria
    - Appeals
    - Prepare for your appointment

# Tools and Resources to Promote Education and Wellness

- We conduct free webinars on a range of topics featuring nationally recognized subject matter experts, including a partnership with ACMHA, the College for Behavioral Leadership. Most webinars are eligible for free CE credits.
- Our Recovery and Resiliency e-Learning Center free online e-courses on Recovery, Resiliency and Peer Specialist have been viewed over 15,000 times
- We have sponsored free Peer Support Whole Health trainings for over 450 Certified peer specialists in our Public Sector programs.
- Our industry-first Peer Support Whole Health and Wellness e-newsletter is distributed quarterly to over 3000 individuals and organizations.
- We developed health education/literacy materials for members to improve personal health outcomes and wellness through self-management. Materials are available in English and Spanish. Examples:
  - How to Lose Weight Safely
  - Smoking Cessation Basics
- Our Cultural Competency Resource Kit provides assessment tools, guidelines and resources designed to help providers enhance cultural and linguistic competencies at the organizational and individual practitioner level. [www.MagellanHealth.com/training](http://www.MagellanHealth.com/training)

## Member Handbook

- Magellan will produce and distribute a Member Handbook that includes:
  - Information on Member Rights
  - Specialized programs of interest
  - Customized Virginia website, [www.MagellanofVirginia.com](http://www.MagellanofVirginia.com)
    - Educational tools
    - Community events
    - Provider directory
- Before producing the Member Handbook, Magellan will receive stakeholder input
- Before finalizing the Member Handbook, Magellan will solicit review from peer leaders who will receive a stipend



## Promoting Stakeholder Involvement: Forums and Focus Groups

- Magellan values stakeholder input by creating initial and ongoing opportunities for involvement
  - [www.MagellanoVirginia.com](http://www.MagellanoVirginia.com) website will be designed with input from stakeholder focus groups
  - Quarterly community and “How Are We Doing?” forums solicit input from members and the community about how well Magellan is meeting the needs of individuals in recovery
  - We will assist the Department in conducting quarterly provider forums focusing on a topic based on provider input and engaging providers in an open dialogue
- Ongoing feedback will shape approaches needed for program improvement
- Member representation and involvement is encouraged throughout

# Provider Recruitment and Network Management

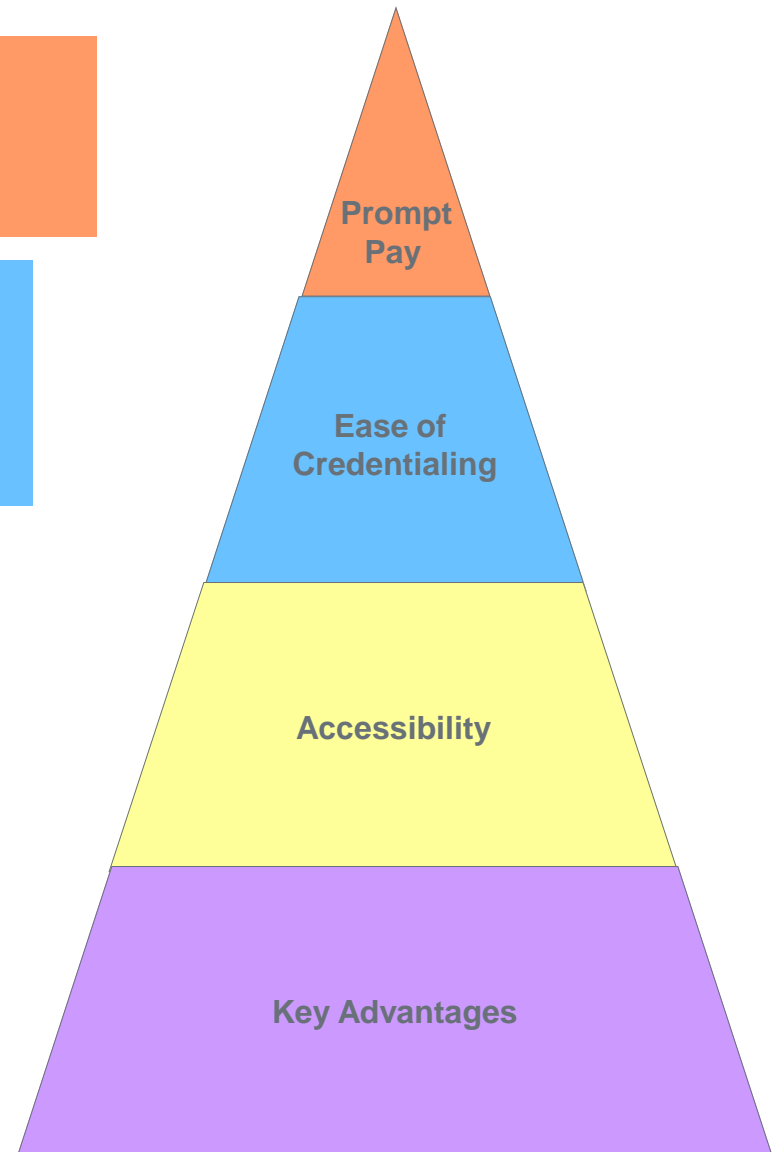
# Partnering with Providers

- 99.1% claims paid within 14 days
- 99.9% claims paid within 30 days
- Payment accuracy 99.5%
- 91% provider satisfaction with the accuracy of claims paid

- 93% provider satisfaction with the contracting/credentialing process
- Average application processing time 45 days or less
- Uniform Credentialing Data Source (CAQH), online re-credentialing applications or paper applications accepted

- 90% provider overall satisfaction with the services provided by Magellan
- Local provider relations team dedicated to support recruitment and servicing
- Comprehensive suite of Web self-service tools available at: [www.MagellanHealth.com/provider](http://www.MagellanHealth.com/provider)

- **Free online CEUs for in-network providers**
- Web-based outcomes assessment tools and reporting to monitor patient progress
- Access to corporate discounts on office supplies



## Network Participation

- Our intent is to include all Medicaid enrolled providers to ensure members are able to continue in treatment without interruption
- Mail list developed in collaboration with DMAS utilizing the existing provider data file
- Organizations must be licensed and enrolled with Medicaid
  - For organizations we will credential the organization not the staff working in the program
  - We will collect staff rosters to identify professional staff in organizations
  - Some services are delivered by non licensed staff- In those cases the organization is credentialed and service delivery is governed by that requirements of that license
- Practitioners must be licensed and enrolled with Medicaid

## Proven Network Relations and Management Strategy

- Magellan's approach to network development on behalf of the Virginia Department of Medical Assistance Services is to implement a **regional, strengths-based program** focused on **access, enhancing quality, expanding choice, and improving the consumer experience**.
  - Our approach is to deliver the support needed to assist with the transition to a managed care model.
  - We see the provider network as a critical asset to the system of care based on collaboration and partnership around improved outcomes for consumers—NOT as a commodity.
- Our proactive provider relations strategy will include outreach to all existing BH providers- CSBs and private behavioral health providers
- Our **91.6%** provider satisfaction rate speaks to the strong relationships we build with providers

# Proven Network Relations and Management Strategy

- Provider education is critical to ensure:
  - A smooth transition that is seamless for consumers and providers
  - Accurate and timely claims payment
  - Providers' understanding of how to interact with Magellan
  - Risk of fraud, waste and abuse is minimized. Our training approach is proactive, driven by the belief that prevention is the best approach to compliance
- We believe providers should spend time delivering quality care, not dealing with unnecessary administrative burden
- Provider relations includes doing everything possible to:
  - Develop collaborative relationships
  - Simplify operations
  - Support improved outcomes for consumers

# Network Implementation Priorities

- **Pre- December 1, 2013**

- Complete credentialing and contracting of providers
- Complete hiring Magellan of Virginia network staff
- Conduct forums (target date September)
- Share information on BHSA with community

- **Post- December 1, 2013**

- Ensure successful transition of care for members and their families
- Ensure claims are paid
- Focus on service quality and improved access to care

# Questions



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